## RECEIVING REPORT

## **IMPORTANT:**

- \* This form must be received in the payment office within 5 workdays of acceptance.
- \* Acceptance must take place within 7 calendar days of delivery or completion of work unless a different inspection/ acceptance period is stated in the contract. Explain in block 8 if acceptance is longer than stated in the contract.
- \* Invoices received must be time stamped to indicate the date of receipt.

	S	FCTION 1 - CON	TRACT IDENTIFICATION		
1. NAME OF CONTRACTOR		2011011 1 0011	TRACT BERTHIOATION		
2. PEGASYS DOCUMENT NUMBER		3. CONTRACT/PURCHASE ORDER NO.			
(b) (4)					
4A. ITEM NO.			N OF GOODS AND/OR SERVICES		4C. QUANTITY
4A. ITEWINO.	4B. DESC	RIPTION (FOF SE	rvices, also give dates of service	e)	(h) (4)
					(b) (4)
			(b) (4)		
(b) (4	.)				
5 MAXIMUM PAYMENT	1	l o D	EMARKS		
5. MAXIMUM PAYMENT AMOUNT		6. K	EMARNS		
6. LESS DEDUCTION(S) FOR NONPERFORMANCE, ETC					
(Explain in Item 8)	·				
7. MAXIMUM AMOUNT APPROVED FOR PAYMEN	-				
(Item 5 less Item 6)	1				
9. TYPE OF DELIVERY (Mark "X" in appro	onriate hov)	SECTION 3 -	CERTIFICATION(S)		
A. FULL		RTIAL	C. FINAL PARTIAL		
10. CER1	TIFICATION				
I CERTIFY THAT THE ABOVE GOODS AND/OR SERVICES HAVE BEEN RECEIVED ON (Date) AND ACCEPTED ON (Date)			11. SECOND CERTIFICATION (Optional) THIS IS TO CERTIFY THAT THE GOODS AND/OR SERVICES DESCRIBED HAVE		
			BEEN ACCEPTED.		
A. NAME AND TITLE (Type, print or stam	p)		A. NAME AND TITLE (Type, print or st	tamp)	
B. CORRESPONDENCE SYMBOL	C. TELEPHONE I	NUMBER	B. CORRESPONDENCE SYMBOL	B. CORRESPONDENCE SYMBOL C. TELEPHONE NUMBER	
E. SIGNATURE	1	F. DATE SIGNED	E. SIGNATURE		F. DATE SIGNED
E. SISIVITORE		. DATE SIGNED			II. DATE SIGNED